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DATE: 10/08/18 BT or RC No: NA (Administration & City Council Bills) SPONSOR: Employee Services Department (Department/Division/Agency/Council Member) Contact for all inquiries and presentation: Todd Norman, Chief of Labor Relations Provide Name: Contact Number: 630-1795 Email Address: ToddN@coi.nct PUPROSE: While Paper (Episian Why this legislation to active state the proposed October 1, 2017 - September 30, 2200 collective Dargaining agreement between the Informational of Preligibles (IAFF) and the City of Jacksonville. LAFF represents approximately 1200 employees. The total additional annual cost of the LAFF contract, not including the previously negotiated wage increases is \$1.13M. This includes the cost savings for management elliciencies which are estimated to be approximately \$760k.					
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APPROPRIATION: Total Amount Appropriated as follows: List the source_name and provide Object and Subobject Numbers for each category listed below:

(Name of Fund as it will appear in title of legislation)

Name of Federal Funding Source(s)	From:	Amount:
	То:	Amount:
Name of State Funding Source(s):	From:	Amount:
	То.	Amount:
Name of City of Jacksonville Funding Source(s):	From	Amount:
	To	Amount:
Name of In-Kind Contribution(s):	From	Amount:
	То:	Amount
Name & Number of Bond Account(s):	From:	Amount
	То:	Amount:

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PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

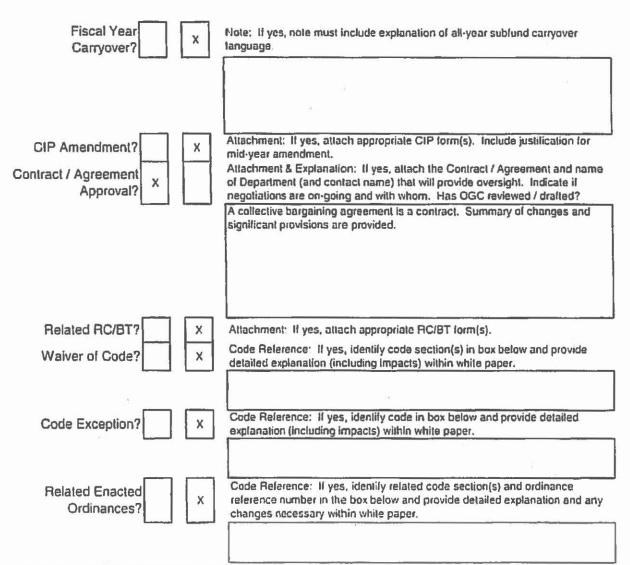
Explain: Where are the funds coming from, going to, how will the funds be used? Does the funding require a match? Is the funding for a specific time frame? Will there be an ongoing maintenance? ... and stalling obligation? Per Chapters 122 & 106 regarding funding of anticipated post-construction operation costs.

(Minimum of 350 words - Maximum of 1 page.)

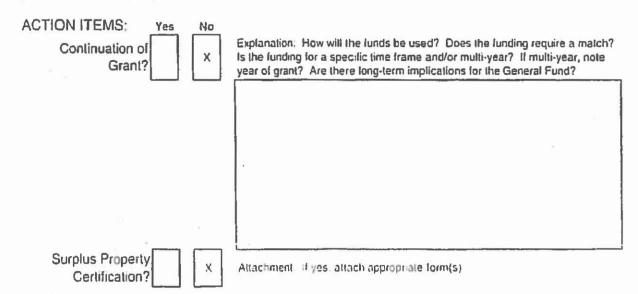
ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS: Yes	No	Justification of Emergency: If yes, explanation must include detailed nature of
Emergency?	X	emergency.
Federal or State Mandate?	X	Explanation If yes, explanation must include detailed nature of mandate including Statute or Provision.

Rev 3/2/2016(CLB RM)



ACTION ITEMS CONTINUED: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.



Reporting Requirements?	X and	planation: List agencies (inc I frequency of reports, inclu- lude contact name and tele	ding when reports a	re due. Provi	de Department
			4.		
Division Chief:		AZ		Date:	10/11/18
Prepared By:	4	gnature)	_	Date:	10/11/18
	(อนี	finatura)			

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ADMINISTRATIVE TRANSMITTAL

To:	MBRC, c/o Roselyn Chall, Budget Olfice, St. James Suite 325
Thru:	
	(Name, Job Title, Department)
	Phone: E-mail:
From:	
	Initiating Department Representative (Name, Job Title, Department)
	Phone: E-mail:
Primary	
Contact	(Name, Job Tille, Department)
	Phone: E-mail:
CC:	Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor
	904-630-1825 E-mail: jelsbury@coj.net
	•
COUN	ICIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL
To:	Peggy Sldman, Office of General Counsel, St. James Suite 480
10.	Phone:904-630-4647E-mail:psidman@coj.net
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From:	Initiating Council Member / Independent Agency / Constitutional Officer
	Phone: E-mail:
Driman	
Primary Contact	(Name, Job Title, Department)
~~	Phone: E-mail:
CC:	Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor
	904-630-1825 E-mail: jelsbury@coj.net
Legisla	tion from Independent Agencies requires a resolution from the Independent Agency Board
	ng the legislation.
Indepen	Allachment II yes, allach appropriate documentation. If no.
	Boards Action / Resolution?

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED